



FINANCIAL SERVICES AUTHORITY
SAINT VINCENT & THE GRENADINES

**APPLICATION FOR RENEWAL OF CERTIFICATE OF
REGISTRATION OF AN INSURANCE SALES
REPRESENTATIVE**

Please forward completed form to:

Financial Services Authority
2nd Floor, Reigate Building
Granby Street
Kingstown

**THE INSURANCE ACT CHAPTER 306 OF THE REVISED LAWS OF
ST.VINCENT AND THE GRENADINES 2009**

All sections must be completed, giving reasons for any non-completion, and ticking to confirm the inclusion of attachments where required.

1. Surname of applicant Mr./Mrs/Miss -----

2. Forenames -----

3. Private address -----

4. Email Address -----

5. Name of the insurer or the agent for which the applicant is registered as sales
representative -----

ENDORSEMENT OF THE INSURANCE COMPANY

I certify that the applicant is contracted by the -----
company and hereby endorse a renewal of the Certificate of Registration as an insurance
salesman.

Signature of Manager

Title

Date

(Affix official stamp of the company)

I hereby apply for the renewal of Insurance Sales Representative Certificate of Registration issued on -----, I enclose official receipt number ----- dated ----- for the sum of \$-----as evidence of payment of the prescribed fee. I certify that to the best of my knowledge and belief all the information given in this application is true and correct.

Date ----- Signature -----
